

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90095 011 ***150.00

DOCUMENT # K04329

1. Entity Name
ELIZABETH T. HUNTER, M.D., P.A.



Principal Place of Business
1400 S. ORLANDO AVE STE.305
WINTER PARK FL 32789

Mailing Address
1400 S. ORLANDO AVE STE.305
WINTER PARK FL 32789



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2860805**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

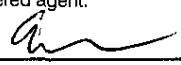
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, AMY
413 E ALPINE ST
ALTAMONTE SPRINGS FL 32701

Name **Elizabeth T. Hunter**
Street Address (P.O. Box Number is Not Acceptable) **1400 S. Orlando Ave., #305**
City **Winter Park** FL **32789**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **MD**

(NOTE: Registered Agent signature required when reinstating)

DATE **9/3/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HUNTER, ELIZABETH T.**
STREET ADDRESS **1400 S. ORLANDO AVENUE, #305**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Elizabeth T Hunter MD PA Agent 9/3/03 407-746-070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
Elizabeth T. Hunter, M.D., P.A.
1400 S. Orlando Ave. , Ste. 305
Winter Park, FL 32789
407-740-6050

80147490
K04329

September 8, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Document #: K04329
Entity: Elizabeth T. Hunter, M.D., P.A.
2003 Uniform Business Report

Sent via overnight delivery – Federal Express

After contacting the Division of Corporations today, we were instructed to send in our 2003 Uniform Business Report with a \$150.00 filing fee and explanation as to why this notice was generated.

We did not receive the first notice generated by the Division of Corporations. I, Elizabeth T. Hunter, the President of the entity, was unaware of this issue until an employee was terminated last week. We just discovered that the employee improperly listed herself as the Registered Agent of this entity, however, she is not the Registered Agent. The corrected Uniform Business Report is enclosed reflecting the change. Therefore, we are requesting the late filing fee to be waived under these circumstances.

Very truly yours,



Elizabeth T. Hunter, M.D.

ETH/mm